

Ambulance, Air or Ground

The following is a list of required enrollment documents for this provider type. A copy of each document listed below must be included with your Provider Enrollment or Revalidation Packet.

If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

In-State Ambulance, Air or Ground

- ☐ Documentation showing provider's Taxpayer Identification Number (SS-4 or CP575 or W-9)
- ☐ State of Nevada Division of Public and Behavioral Health Emergency Medical Systems License **OR** Southern Nevada Health District Emergency Medical Service Permit
- ☐ National Provider Identifier (NPI) validation: Printed page from the NPPES NPI Registry displaying the provider's NPI or a printed copy of the email confirmation showing the provider's NPI
- ☐ Business License

Out-of-State Ambulance, Air or Ground Provider

- ☐ Documentation showing provider's Taxpayer Identification Number (SS-4 or CP575 or W-9)
- ☐ A permit or license to provide emergency medical services issued by provider's home state
- ☐ National Provider Identifier (NPI) validation: Printed page from the NPPES NPI Registry displaying the provider's NPI or a printed copy of the email confirmation showing the provider's NPI
- ☐ Business License

When providing Community Paramedicine services, please also include:

- ☐ Community Paramedic NPI validation: Printed page from the NPPES NPI Registry displaying the provider's NPI or a printed copy of the email confirmation showing the provider's NPI
- ☐ Medical Director's NPI validation: Printed page from the NPPES NPI Registry displaying the provider's NPI or a printed copy of the email confirmation showing the provider's NPI
- ☐ Community Paramedicine Endorsement – Individual (Division of Public and Behavioral Health or Southern Nevada Health District)
- ☐ Community Paramedicine Endorsement – Agency (Division of Public and Behavioral Health or Southern Nevada Health District)
- ☐ Division of Public and Behavioral Health Community Paramedicine Compliance Agreement
- ☐ Payment Address/Servicing Agency Address on your enrollment/revalidation application

You do not need to submit this checklist with your enrollment or revalidation documents.